U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.t. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9969	2. Fiscal Year Covered From:
• •	1 / 1 / 2005 Through: 12 / 31 / 2005
. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Darrell E Craig	Name Joint Apprenticeship Training Committee
	Labor Organization File Number 540-467
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 18345 Central Pike	Street 2922 Sidco Dr.
City Lebanon	City Nashville
State Tennessee ZiP Code + 4 37090	State Tennessee ZIP Code + 4 37204
Position in labor organization. Apprenticeship Instructor	
nonetary value from an employer whose employees your organizations.	or derived income or other economic benefit of atlantage at the state of a state of a state of the state of t
nonetary value from an employer whose employees your organiza	r derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Darrell Craig	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name International Masonry Institute	V . Let us Occasionation
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 42 East Street	c. Emp l oyer
City Annapolis	
State , Maryland ZIP Code + 4 21401	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Payments are made by International Masonry Institute to individuals for leading instructor classes.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	1 12.a. Nature of interest held or income received. Wages received for leading instructor classes.
	12.b. Amount. \$14, 185
C. Received from any employer (other than an employer covered ur	
or from any labor relations consultant to an employer any payment of mor	-
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.